

I M P O R T A N T

Actions taken on your case by the local Office of Public Assistance must conform to the applicable laws, regulations and policies. If you disagree with the action taken, you may request a fair hearing. You have 90 days from the mailing date of this notice to make such a request. If a fair hearing is requested within the period between the date of this notice and the effective date of the adverse action and you are receiving benefits at that time, benefits may be continued until after a final hearing decision is rendered except as provided in ARM 37.5.313 and 7 CFR 273.15. However, if a decision is made against your case, you must repay the value of the extra benefits you received

The fair hearing process includes the following three steps:

1. A request for a fair hearing is made by:
 - a. contacting your local Office of Public Assistance for assistance with your request for a fair hearing, and/or
 - b. completing the bottom part of this form and mailing the entire form to the Office of Fair Hearings - Box 202953 - Helena, MT 59620-2953.
2. An administrative review is held to discuss your case. **It is optional and will not delay or replace the fair hearing.** At this time:
 - a. you will be able to tell your story in your own words. You may represent yourself or an attorney or any other person of your choice may represent you at this review (and future proceedings). If you cannot afford an attorney, Montana Legal Services Association may be able to help you. Call toll free 1-800-666-6124.
 - b. you can present additional information about your case;
 - c. the Office of Public Assistance will present facts regarding its decision; and
 - d. any possibilities of settlement will be explored.
3. If your issue cannot be resolved in the administrative review, a Montana State Department of Public Health and Human Services (DPHHS) Hearing Officer will conduct a fair hearing. (Decisions by the Hearing Officer must conform to federal and state law, regulation or policy and must be based exclusively on evidence and other material introduced at the hearing.) If you disagree with the decision made by the Hearing Officer, you may appeal the decision to the Board of Public Assistance Appeals.

The USDA is an equal opportunity provider and employer. For the Supplemental Nutrition Assistance Program (SNAP) contact the USDA at 202-720-5964 to file a complaint of discrimination.

REQUEST FOR FAIR HEARING		
CLAIMANT'S NAME:	SOCIAL SECURITY NO:	PHONE:
MAILING ADDRESS:	CITY:	ZIP CODE:
This is to request a fair hearing. I am making this request because: _____ _____ _____		
I have an attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No My attorney's name is: _____		
His/her address is: _____ His/her phone number is: _____		
If you are requesting a hearing because of a reduction or termination in benefits, please indicate if you do or do not want continued benefits. For SNAP benefits and Medicaid, unless you indicate that you do not wish to receive continued benefits, they will be issued. For TANF cash assistance, unless you indicate that you wish to receive continued benefits, they will not be issued. If you lose the hearing, you must repay any excess benefits you receive.		
<input type="checkbox"/> I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing, I will be restored any benefits lost.		
<input type="checkbox"/> I want to continue receiving the benefits I now receive until the hearing.		
_____ <i>(Claimant or Authorized Representative)</i>	_____ <i>(Phone)</i>	_____ <i>(Date)</i>

Comment [KC1]: The word "Street" is being replaced with the word "Mailing" here.

Do Not Tear At Fold